MAXIMUS Federal Services

Case Number:	CM14-0003732		
Date Assigned:	02/03/2014	Date of Injury:	07/18/2007
Decision Date:	05/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female who was injured in July of 2007 and who has suffered with chronic pain, anxiety and depression. She apparently is currently on Cymbalta 30mg daily, Valium 5mg (three times daily), Seroquel 50mg (three times daily), Wellbutrin SL 300mg daily, and Ambien 10mg at night. Apparently, she was hospitalized for a period of 10 days last year for psychiatric reasons. The details of the hospitalization are not known. The records indicate that she has had cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) in the past. On January 6, 2014, coverage of all her psychotropic medications was denied due to lack of information. Information received subsequent to that date (letter from provider dated January 16, 2014) indicates that the patient's panic attacks are no longer controlled on Valium and she has been switched to Xanax 0.5mg (three times daily). The letter indicates that her other medications have remained the same and that her depression was stable. This is an independent review of the decision to deny coverage for the above medications in view of the additional information submitted by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CYMBALTA 30MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the use of Cymbalta for neuropathic pain is off-label and that more studies are needed to determine its efficacy for neuropathic pain other than that secondary to diabetic neuropathy. While this medication has been shown to be effective in treating depression, the patient's recent hospitalization while on this medication belies its efficacy for treating this condition in this patient. The requested Cymbalta is not medically necessary.

WELLBUTRIN XL 300MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states evidence of Wellbutrin's efficacy for pain. From a clinical standpoint, it appears that this medication was added around the time of her hospitalization and the additional data from the provider indicates that her depression is well controlled. Continuation of this medication therefore is supported both by evidence based guidelines as cited above and the individual clinical scenario in this particular patient. The requested Wellbutrin is medically necessary.

VALIUM 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not indicate Benzodiazepines for long-term use. In this particular case, the Valium has not had satisfactory efficacy, necessitating its discontinuation. The data reviewed does not support medical necessity for this medication either in the face of this patient's clinical needs or according to current evidence based guidelines. Therefore, the request is not medically necessary.

SEROQUEL XR 50MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The ACOEM Practice Guidelines state that despite their drawbacks, continuing a course of antipsychotic medications is important. In addition, Seroquel has an evidence-based indication, is approved by the FDA as an adjunct in treating depression, and may have anxiolytic properties as well. As such, use of this medication is supported according to MTUS guidelines and current best practice standards and is therefore medically necessary.

AMBIEN 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: The California MTUS guidelines are silent on use of sleeping medication. However, the Official Disability Guidelines indicate that this medication is not recommended for long-term use. It is approved for the short-term (usually two to six weeks) treatment of insomnia. The ODG indicates that pain specialists rarely, if ever, recommend (sleeping medications) for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. It is not certain how long this patient has been on Ambien but it clearly has been well over a year according to the clinical information submitted for review. Since the long-term benefit is not clear and the medication may worsen her medical condition, the potential benefits do not outweigh the risks. As such, the request is not medical necessary.